MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 _Primary Registration District No. 1003 STATE FILE NUMBER Registration District No. _Registrar's No. __ DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE VS 300 b. COUNTY AMENDED admission) Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN ST. LOUIS, MISSOURI Yes 🔲 No 🔲 ROYALTON c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Inside Limits d. STREET (If cutside, give location) Reside on Farm ADDRESS INSTITUTION BARNES HOSPITAL Yes No 🗆 Yes | No | NAME OF DECEASED Middle 4. DATE Last Month Day Year (Type or print) 1963 FRANK MMN STASIC 17 DEATH June 0 7. Married X 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE Never Married | 8. DATE OF BIRTH Months Widowed Divorced [] 78 1885 MALE 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) HUNGARY FOLLOW RETTRED FARMING 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE **TINK NOWN** WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) | (If yes, give war or dates of servi FRANK STASIC 10816 EDGECLIFF 18. CAUSE OF DEATH (Enter only one cause per line A INTERVAL BETWEEN DOCUMENT ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 10 3-6 mons. RECORD Epidermoid carcinoma of lung IMMEDIATE CAUSE (a) ᆼ 11 NSTEAD DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased Was there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ No □ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? 20c. TIME OF Hov Month, Day, Year RIBBON INJURY a.m. 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK *IYPEWRITER* REAI 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c. DATE SIGNED 22b. ADDRESS (Dagree or title) 尚 22a, SIGNATURE $M \cdot D$ F.R.BRADLEY AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Š 25. DATE RECD. BY LOCAL REG. 26. REGISTAR'S ITEM

IN TOPOGRAPHICA ARABE

STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
udent Signature of Student Embalmer	_ signed Tai Jampha
	P. O. Address 206 Mayor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.